

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
HOSPITAL DISCHARGE ABSTRACT DATA RECORD
MANUAL ABSTRACT REPORTING FORM**

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For use with discharges on or after January 1, 2004

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements
(Title 22, Sections 97216 through 97233)

1. TYPE OF CARE 1 Acute 5 Chem Dep <input type="checkbox"/> 3 SN/IC 6 Physical Rehab <input type="checkbox"/> 4 Psychiatric		1a. HOSPITAL NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	
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SUPPLEMENTAL REPORTING PAGE
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10. PRINCIPAL DIAGNOSIS

CODE

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10a. PRESENT AT
ADMISSION

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Y = Yes
N = No
U = Uncertain

11. OTHER DIAGNOSES

a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					
j.					
k.					
l.					
m.					
n.					
o.					
p.					
q.					
r.					
s.					
t.					
u.					
v.					
w.					
x.					

11a. PRESENT AT
ADMISSION

12. PRINCIPAL PROCEDURE

CODE

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DATE

Month		Day		Year (4 - Digit)					

13. OTHER PROCEDURES

a.															
b.															
c.															
d.															
e.															
f.															
g.															
h.															
i.															
j.															
k.															
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p.															
q.															
r.															
s.															
t.															

Month		Day		Year (4 - Digit)											